

# NONDISCLOSURE AGREEMENT REQUEST FORM

Please answer the following questions so that we can expedite your request for a nondisclosure agreement.

Name: \_\_\_\_\_

Division: \_\_\_\_\_

Phone number: \_\_\_\_\_

## OTHER PARTY

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

\_\_\_\_\_

Name of contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_

Purpose of the agreement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is Argonne disclosing protectable Laboratory information to the other party? ☐ Yes ☐ No

If so, what? Include the Argonne invention and/or software number(s), if applicable.

Otherwise, identify the protectable Laboratory information. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the other party disclosing proprietary information to Argonne? ☐ Yes ☐ No

If so, what? \_\_\_\_\_

\_\_\_\_\_

Is Argonne sending any samples to the other party? ☐ Yes ☐ No

Is the other party sending any samples to Argonne? ☐ Yes ☐ No

Please return this form to Sharon Giblin by E-mail at [sgiblin@anl.gov](mailto:sgiblin@anl.gov) or facsimile at 630-252-5966.